

# HIV/AIDS in Rwanda

## *A USAID Brief*

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), Rwanda is one of nine African countries most severely affected by the HIV/AIDS epidemic. At the end of 2001, an estimated 500,000 Rwandans were living with HIV/AIDS. AIDS is one of the three leading causes of death in Rwanda. By 2005, the crude death rate will be 40 percent higher due to AIDS than it was in 1990, and life expectancy will drop to 32 years by 2010.

According to the Rwandan Ministry of Health, underlying causes of the AIDS epidemic include economic hardship and civil strife, the practice of having multiple sex partners, the availability of commercial sex, and resistance to talking about sex and using condoms.

Following the political turmoil of the mid-1990s, a few small-scale studies were conducted on the HIV epidemic in Rwanda. The infection pattern was a familiar one: 27 percent of pregnant women were infected in some urban sites, but far lower rates (just over 1 percent) were found in rural areas, where most of the population lived. High population movement and in-migration changed that pattern, and by 2000 the urban-rural gap in HIV prevalence was closing.

In addition, people living in Rwandan refugee camps endured overcrowding, violence, poverty, and despair—conditions that often led to unprotected sex. Rape—inside and outside refugee camps—has also played a part in spreading HIV in Rwanda. Some 3.2 percent of women surveyed by UNAIDS after the war reported being raped. Of this group, more than 50 percent were HIV-positive.

High rates of mother-to-child transmission have led the Rwandan government to introduce prevention of mother-to-child transmission programs in a growing number of hospitals and health centers (currently 25 sites), and to counsel mothers to breastfeed exclusively during the first 6 months. Despite this effort, by 2015, AIDS is expected to increase the country's already high infant mortality rate by 10 percent. At the end of 2001, UNAIDS estimated that there were 260,000 children orphaned by AIDS living in Rwanda.

## **NATIONAL RESPONSE**

Rwanda is currently in the process of developing a national strategic framework for HIV/AIDS as a follow-on to its 1999-2001 national strategic plan. The National AIDS Program, or Programme National de Lutte Contre le SIDA (PNLS), has been replaced by two independent structures: the National Commission Against AIDS (CNLS) and the Treatment and Research AIDS Center



(TRAC). The CNLS is mandated by the President to integrate all sectors in the national response to AIDS. The TRAC is located within the Ministry of Health (MOH), and emphasizes HIV/AIDS surveillance, treatment of sexually transmitted infections (STIs), voluntary HIV counseling and testing (VCT), prevention of mother-to-child transmission of HIV, and clinical care and support.

To date, activities related to behavior change communication, condom promotion, or community responses to AIDS have not been assigned to one controlling authority. Officials were working in the spring of 2002 to develop a national strategic framework and a national sectoral plan for HIV/AIDS. These documents will guide national HIV/AIDS activities through 2006.

## USAID SUPPORT

The U.S. Agency for International Development (USAID) provided \$5.2 million in HIV/AIDS assistance to Rwanda in FY 2001, up from \$4.2 million in FY 2000.

*USAID supports the following country programs:*

### *Behavior change*

USAID/Rwanda has supported Family Health International (FHI)/IMPACT and World Relief to work with Catholic and Protestant church networks to develop a series of HIV/AIDS messages and discussion guides. In 2001, the Mission also supported

Johns Hopkins University to work with youth clubs in and out of schools to promote adoption of safe sex practices.

### *Capacity building*

In FY2001, USAID/Rwanda and the Centers for Diseases Control and Prevention (CDC) provided direct support to the National AIDS Control Program and the Ministry of Health to strengthen capacity to provide technical and policy guidance on HIV/AIDS activities throughout Rwanda. The Mission also supported several major studies to provide essential information on sexual behavior and perceived personal risk for HIV, including the Demographic and Health Survey, the Behavioral Surveillance Survey, and a situation analysis of health facilities in target zones for HIV/AIDS interventions. USAID is currently working with the umbrella organization of local associations of persons living with HIV/AIDS to reinforce their capacity, and to advocate for rights of persons living with HIV/AIDS, and promote community support for families affected by HIV/AIDS.

### *Care and support*

The Mission supports local nongovernmental organizations (NGOs) in developing activities to support people living with HIV/AIDS with psychosocial counseling. In FY 2000, the Mission supported a regional conference on people living with HIV/AIDS to stimulate discussion on appropriate and effective care and support interventions. The Mission also provides food aid to children affected

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	500,000
Total Population (2001)	7.9 million
Adult HIV Prevalence (end 2001)	8.9%
HIV-1 Seroprevalence in Urban Areas	
Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	42.1%
Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)	13.3%

*Sources: UNAIDS, U.S. Census Bureau*

by HIV/AIDS through the Leadership and Investment in Fighting an Epidemic initiative.

USAID has awarded grants to CARE International and World Relief to support the Rwandan Ministry of Health and Ministry of Social Affairs in protecting children made vulnerable by HIV/AIDS. Programs provide training in appropriate care and counseling to caregivers of unaccompanied children and to some of the 30 percent of households headed by children in Rwanda. Another USAID grant to the International Rescue Committee supports policy and technical guidance to the Ministry of Social Affairs to protect the rights and well-being of children affected by HIV/AIDS.

#### *Prevention of mother-to-child transmission*

USAID has worked with UNICEF to finalize protocols for expanding prevention of mother-to-child transmission services throughout Rwanda, and has recently supported programs in five health facilities. The Mission also provides ancillary outreach and community support activities to create a holistic program of prevention and treatment at mother-to-child transmission centers.

#### *Sexually transmitted infection management*

FHI/IMPACT has supported the development of the national guidelines for syndromic management of STIs, and supports supervision and evaluation activities in five provinces. Together with the Ministry of Health, FHI also trains health care workers in STI management.

#### *Voluntary counseling and testing*

USAID/Rwanda has supported development/adaptation of simple protocols and standards for VCT activities in Rwanda, including a standardized curriculum for counselor training. FHI/IMPACT has established 18 new VCT centers since FY 2000, and has worked to improve counseling and testing services at existing VCT centers. The project provides training for counselors and laboratory technicians and ensures technical quality control supervision at VCT sites.

## **CHALLENGES**

According to *Rwanda and HIV/AIDS*, a 1999 summary produced by FHI/IMPACT, major constraints to HIV/AIDS control in Rwanda include:

- More immediate threats. In the wake of the constant threat of violence and in the midst of a daily struggle to subsist, it is difficult to convince people to take action against a disease that takes years to develop;
- Inability to discuss and distribute condoms. Although the church has accepted responsibility for speaking about HIV/AIDS to their congregations, it is reluctant to support programs that distribute condoms;
- Impact on women. The importance of Rwandan women as the main source of family stability and nutrition makes them especially vulnerable to economic pressure to trade sex for money or food; and
- Low literacy. Because almost three-fourths of the country's women and more than half of the men are estimated to be illiterate, it is difficult to implement effective HIV/AIDS education programs.

## **SELECTED LINKS AND CONTACTS**

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